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APPLICANTS *Verified R.S.G.*

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\*\* CONTINUING DATA \*\*\*\*\* *NONE R.S.G.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Verified R.S.G.*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *R.S.G.* Examiner's Signature Initials

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TITLE  
 Medical diagnosis system and diagnosis-processing method thereof

FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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